

SERFF Tracking Number:	PNTX-126201445	State:	Arkansas
Filing Company:	Penn Treaty Network America Insurance Company	State Tracking Number:	42740
Company Tracking Number:	LTCAR0013110R01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	09 LTC- 2009 Long Term Care		
Project Name/Number:	09 LTC- 2009 Long Term Care/LTCAR0013110R01		

Filing at a Glance

Company: Penn Treaty Network America Insurance Company

Product Name: 09 LTC- 2009 Long Term Care	SERFF Tr Num: PNTX-126201445	State: Arkansas
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved	State Tr Num: 42740
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTCAR0013110R01	State Status: Closed
Filing Type: Rate	Reviewer(s): Harris Shearer	
	Author: SPI PennTreatyNetwork	Disposition Date: 08/17/2009
	Date Submitted: 06/23/2009	Disposition Status: Approved
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name: 09 LTC- 2009 Long Term Care	Status of Filing in Domicile:
Project Number: LTCAR0013110R01	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 27%	Group Market Type:
Filing Status Changed: 08/17/2009	Explanation for Other Group Market Type:
	State Status Changed: 08/17/2009
Deemer Date:	Created By: SPI PennTreatyNetwork
Submitted By: SPI PennTreatyNetwork	Corresponding Filing Tracking Number:

Filing Description:

Please see the Cover Letter at the Supporting Documentation tab for a complete description of this filing.

Company and Contact

Filing Contact Information

Anita Small, Analyst	asmall@penntreaty.com
3440 Lehigh St	610-965-2222 [Phone] 6645 [Ext]
Allentown, PA 18103	484-232-6638 [FAX]

Filing Company Information

Penn Treaty Network America Insurance	CoCode: 63282	State of Domicile: Pennsylvania
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SERFF Tracking Number: PNTX-126201445 State: Arkansas
 Filing Company: Penn Treaty Network America Insurance State Tracking Number: 42740
 Company
 Company Tracking Number: LTCAR0013110R01
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: 09 LTC- 2009 Long Term Care
 Project Name/Number: 09 LTC- 2009 Long Term Care/LTCAR0013110R01

Company
 3440 Lehigh St Group Code: 810 Company Type:
 Allentown, PA 18103 Group Name: Penn Treaty State ID Number:
 (610) 965-2222 ext. [Phone] FEIN Number: 23-2603386

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Penn Treaty Network America Insurance Company	\$50.00	06/23/2009	28753735

SERFF Tracking Number:	PNTX-126201445	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	08/17/2009	08/17/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Proposed Rate Schedules	SPI PennTreatyNetwor k	08/07/2009	08/07/2009
Rate	Proposed Rate Schedules	SPI PennTreatyNetwor k	08/07/2009	08/07/2009
Supporting Document	Cover Letter - Revised Rates	SPI PennTreatyNetwor k	08/07/2009	08/07/2009

SERFF Tracking Number:	PNTX-126201445	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	09 LTC- 2009 Long Term Care		
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Disposition

Disposition Date: 08/17/2009

Implementation Date:

Status: Approved

Comment: THE NEGOTIATED RATE INCREASE OF 8.0% PLUS AN ADDITIONAL 2.0% FOR RIDER ANF-P IS APPROVED TO BE IMPLEMENTED AFTER PROPER NOTIFICATION TO THE POLICYHOLDER.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Penn Treaty Network America Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: PNTX-126201445 State: Arkansas

Filing Company: Penn Treaty Network America Insurance State Tracking Number: 42740

Company

Company Tracking Number: LTCAR0013110R01

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: 09 LTC- 2009 Long Term Care

Project Name/Number: 09 LTC- 2009 Long Term Care/LTCAR0013110R01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Cover Letter - Revised Rates		Yes
Rate (revised)	Proposed Rate Schedules		Yes
Rate	Proposed Rate Schedules		Yes
Rate (revised)	Proposed Rate Schedules		Yes
Rate	Proposed Rate Schedules		Yes

SERFF Tracking Number: PNTX-126201445 State: Arkansas
Filing Company: Penn Treaty Network America Insurance State Tracking Number: 42740
Company
Company Tracking Number: LTCAR0013110R01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: 09 LTC- 2009 Long Term Care
Project Name/Number: 09 LTC- 2009 Long Term Care/LTCAR0013110R01

Amendment Letter

Submitted Date: 08/07/2009

Comments:

Attached please find a cover letter regarding our acceptance of a revised 10% rate increase for this product form series as well as revised rate sheets reflecting this percentage increase.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Proposed Rate Schedules	LTCTP-6000(AR)-N, LTINF91-N, NFSB-LTC-N	New		2009 Rate Increase - Form 6000R.PDF
2009 Rate Increase -Form 6000R.PDF	Proposed Rate Schedules	LTCTP-HHCR-N	New	
2009 Rate Increase - FormHHCRR.PDF	2009 Rate Increase - FormHHCRR.PDF			

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter - Revised Rates

Comment:

Cover Letter - Revised Rates.PDF

SERFF Tracking Number:	PNTX-126201445	State:	Arkansas
Filing Company:	Penn Treaty Network America Insurance Company	State Tracking Number:	42740
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	09 LTC- 2009 Long Term Care		
Project Name/Number:	09 LTC- 2009 Long Term Care/LTCAR0013110R01		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Penn Treaty Network America Insurance Company	%	%				%	%

<i>SERFF Tracking Number:</i>	<i>PNTX-126201445</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Treaty Network America Insurance Company</i>	<i>State Tracking Number:</i>	<i>42740</i>
<i>Company Tracking Number:</i>	<i>LTCAR0013110R01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>09 LTC- 2009 Long Term Care</i>		
<i>Project Name/Number:</i>	<i>09 LTC- 2009 Long Term Care/LTCAR0013110R01</i>		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Proposed Rate Schedules	LTCTP-6000(AR)-N, LTINF91-N, NFSB-LTC-N	New		2009 Rate Increase -Form 6000R.PDF
	Proposed Rate Schedules	LTCTP-HHCR-N	New		2009 Rate Increase - FormHHCRR.PDF

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Preferred Annual Premium Rates Per Individual- Area B

\$10 Daily Nursing Home Benefit

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$0.96	\$1.52	\$2.42	\$2.76	\$3.14	\$5.81
30-39	\$2.67	\$4.25	\$6.82	\$7.87	\$8.81	\$16.28
40-49	\$7.84	\$12.53	\$19.87	\$22.80	\$25.41	\$45.52
50-59	\$23.07	\$36.76	\$58.34	\$66.61	\$73.57	\$121.64
60-64	\$42.24	\$67.69	\$107.61	\$122.57	\$134.85	\$215.24
65	\$59.75	\$95.87	\$152.53	\$173.62	\$190.63	\$299.24
66	\$67.06	\$107.67	\$171.39	\$194.96	\$213.99	\$334.00
67	\$75.25	\$120.96	\$192.48	\$218.96	\$240.15	\$372.78
68	\$83.81	\$134.82	\$214.79	\$244.37	\$267.89	\$414.63
69	\$93.34	\$150.35	\$239.68	\$272.65	\$298.85	\$461.14
70	\$103.98	\$167.63	\$267.41	\$304.25	\$333.39	\$512.93
71	\$115.81	\$186.91	\$298.39	\$339.52	\$371.93	\$570.54
72	\$129.07	\$208.38	\$332.86	\$378.86	\$414.92	\$634.50
73	\$141.41	\$228.83	\$366.15	\$416.97	\$456.69	\$696.96
74	\$154.97	\$251.32	\$402.67	\$458.88	\$502.72	\$765.42
75	\$169.81	\$275.98	\$442.84	\$505.02	\$553.33	\$840.81
76	\$186.13	\$303.08	\$487.08	\$555.74	\$609.06	\$923.57
77	\$203.94	\$332.83	\$535.69	\$611.56	\$670.42	\$1,014.42
78	\$230.36	\$377.44	\$609.19	\$696.52	\$764.39	\$1,155.33
79	\$260.14	\$428.04	\$692.74	\$793.23	\$871.52	\$1,315.72
80	\$293.81	\$485.43	\$787.79	\$903.40	\$993.65	\$1,498.43
81	\$331.85	\$550.51	\$895.87	\$1,028.89	\$1,132.88	\$1,706.55
82	\$374.76	\$624.32	\$1,018.74	\$1,171.76	\$1,291.63	\$1,943.49
83	\$408.61	\$684.13	\$1,120.32	\$1,291.29	\$1,425.14	\$2,124.78
84	\$445.47	\$749.65	\$1,232.06	\$1,422.99	\$1,572.45	\$2,322.97
85	\$485.65	\$821.43	\$1,354.89	\$1,568.18	\$1,734.96	\$2,539.59
86	\$529.53	\$900.11	\$1,489.95	\$1,728.14	\$1,914.35	\$2,776.48
87	\$577.30	\$986.30	\$1,638.51	\$1,904.44	\$2,126.77	\$3,178.19
88	\$629.44	\$1,080.77	\$1,801.88	\$2,098.68	\$2,362.93	\$3,638.03
89	\$686.27	\$1,184.26	\$1,981.53	\$2,312.79	\$2,625.21	\$4,164.39

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Select Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	1.60	2.51	3.18	3.64	4.13	8.22
30-39	4.43	7.05	8.98	10.34	11.59	23.02
40-49	12.99	20.76	26.15	30.00	33.42	64.42
50-59	38.19	60.89	76.77	87.63	96.79	172.12
60-64	69.97	112.13	141.57	161.26	177.41	304.54
65	98.97	158.77	200.66	228.43	250.79	423.39
66	111.08	178.31	225.48	256.49	281.53	472.59
67	124.63	200.33	253.23	288.06	315.95	527.45
68	138.81	223.30	282.57	321.48	352.43	586.66
69	154.59	249.02	315.32	358.71	393.16	652.47
70	172.22	277.63	351.79	400.27	438.61	725.75
71	191.81	309.56	392.55	446.66	489.31	807.25
72	213.80	345.14	437.92	498.44	545.88	897.77
73	234.21	378.99	481.69	548.57	600.83	986.12
74	256.69	416.24	529.76	603.70	661.40	1,083.01
75	281.25	457.09	582.60	664.41	727.98	1,189.65
76	308.28	501.99	640.79	731.14	801.28	1,306.75
77	337.78	551.24	704.75	804.57	882.01	1,435.30
78	381.54	625.14	801.46	916.34	1,005.64	1,634.68
79	430.86	708.96	911.37	1,043.58	1,146.57	1,861.61
80	486.62	804.00	1,036.42	1,188.52	1,307.25	2,120.12
81	549.63	911.78	1,178.62	1,353.61	1,490.43	2,414.59
82	620.70	1,034.03	1,340.26	1,541.58	1,699.28	2,749.82
83	676.75	1,133.10	1,473.90	1,698.82	1,874.92	3,006.36
84	737.79	1,241.60	1,620.89	1,872.10	2,068.73	3,286.75
85	804.36	1,360.48	1,782.50	2,063.11	2,282.53	3,593.25
86	877.03	1,490.82	1,960.19	2,273.55	2,518.54	3,928.43
87	956.16	1,633.56	2,155.64	2,505.48	2,797.99	4,496.80
88	1,042.50	1,790.04	2,370.57	2,761.03	3,108.69	5,147.42
89	1,136.64	1,961.44	2,606.89	3,042.71	3,453.74	5,892.17

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Standard Annual Premium Rates Per Individual- Area B

\$10 Daily Nursing Home Benefit

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	2.74	4.29	5.15	5.87	6.67	9.27
30-39	7.59	12.08	14.52	16.73	18.74	25.97
40-49	22.28	35.57	42.27	48.51	54.05	72.63
50-59	65.47	104.38	124.15	141.70	156.52	194.11
60-64	119.96	192.23	228.95	260.80	286.90	343.46
65	169.65	272.18	324.52	369.40	405.60	477.51
66	190.41	305.68	364.65	414.81	455.30	532.98
67	213.64	343.43	409.53	465.86	510.97	594.86
68	237.96	382.80	456.98	519.92	569.98	661.65
69	265.02	426.89	509.95	580.11	635.84	735.87
70	295.22	475.93	568.95	647.33	709.34	818.50
71	328.81	530.67	634.85	722.37	791.34	910.44
72	366.50	591.66	708.21	806.09	882.82	1,012.51
73	401.51	649.70	779.03	887.17	971.69	1,112.17
74	440.02	713.56	856.75	976.34	1,069.63	1,221.43
75	482.13	783.59	942.22	1,074.51	1,177.31	1,341.71
76	528.46	860.54	1,036.33	1,182.42	1,295.88	1,473.78
77	579.05	944.99	1,139.75	1,301.19	1,426.43	1,618.75
78	654.06	1,071.68	1,296.14	1,481.96	1,626.37	1,843.61
79	738.61	1,215.36	1,473.91	1,687.72	1,854.30	2,099.56
80	834.21	1,378.28	1,676.14	1,922.12	2,114.15	2,391.11
81	942.22	1,563.05	1,906.11	2,189.12	2,410.39	2,723.23
82	1,064.05	1,772.63	2,167.54	2,493.12	2,748.14	3,101.31
83	1,160.15	1,942.45	2,383.66	2,747.42	3,032.21	3,390.62
84	1,264.79	2,128.47	2,621.39	3,027.65	3,345.64	3,706.86
85	1,378.91	2,332.24	2,882.75	3,336.56	3,691.41	4,052.53
86	1,503.48	2,555.69	3,170.11	3,676.89	4,073.09	4,430.55
87	1,639.14	2,800.38	3,486.19	4,052.00	4,525.06	5,071.57
88	1,787.15	3,068.64	3,833.78	4,465.26	5,027.52	5,805.36
89	1,948.52	3,362.47	4,216.01	4,920.83	5,585.55	6,645.31

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

**Preferred Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit**

90 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$0.75	\$1.28	\$2.07	\$2.46	\$2.76	\$5.26
30-39	\$2.13	\$3.58	\$5.85	\$6.90	\$7.83	\$14.76
40-49	\$6.19	\$10.49	\$16.95	\$19.90	\$22.36	\$40.93
50-59	\$18.14	\$30.81	\$49.78	\$57.87	\$64.54	\$107.95
60-64	\$33.24	\$56.67	\$91.51	\$106.11	\$117.60	\$188.99
65	\$46.98	\$80.21	\$129.53	\$149.91	\$165.68	\$261.54
66	\$52.71	\$90.05	\$145.39	\$168.22	\$185.81	\$291.42
67	\$59.18	\$101.12	\$163.24	\$188.79	\$208.33	\$324.80
68	\$66.45	\$112.70	\$182.03	\$210.47	\$232.11	\$360.60
69	\$74.67	\$125.60	\$202.95	\$234.62	\$258.61	\$400.47
70	\$83.89	\$140.00	\$226.26	\$261.59	\$288.23	\$444.71
71	\$94.24	\$156.02	\$252.29	\$291.63	\$321.15	\$493.78
72	\$105.81	\$173.89	\$281.25	\$325.14	\$357.82	\$548.37
73	\$114.96	\$190.82	\$308.95	\$357.29	\$393.26	\$601.04
74	\$124.83	\$209.37	\$339.45	\$392.68	\$432.12	\$658.80
75	\$135.54	\$229.79	\$372.93	\$431.60	\$474.86	\$722.13
76	\$147.21	\$252.16	\$409.64	\$474.30	\$521.88	\$791.44
77	\$159.89	\$276.75	\$450.07	\$521.28	\$573.49	\$867.50
78	\$180.49	\$313.51	\$510.88	\$592.49	\$652.36	\$985.09
79	\$203.76	\$355.15	\$580.03	\$673.46	\$742.07	\$1,118.58
80	\$230.03	\$402.36	\$658.48	\$765.52	\$844.13	\$1,270.23
81	\$259.71	\$455.81	\$747.57	\$870.16	\$960.22	\$1,442.39
82	\$293.19	\$516.32	\$848.65	\$989.11	\$1,092.29	\$1,637.92
83	\$319.19	\$564.47	\$930.37	\$1,086.56	\$1,202.29	\$1,782.39
84	\$347.55	\$617.13	\$1,019.94	\$1,193.62	\$1,323.34	\$1,939.62
85	\$378.35	\$674.69	\$1,118.12	\$1,311.20	\$1,456.58	\$2,110.66
86	\$411.93	\$737.59	\$1,225.72	\$1,440.36	\$1,603.25	\$2,296.84
87	\$448.49	\$806.43	\$1,343.76	\$1,582.28	\$1,764.65	\$2,616.04
88	\$488.31	\$881.62	\$1,473.12	\$1,738.21	\$1,942.31	\$2,979.52
89	\$531.65	\$963.83	\$1,614.90	\$1,909.47	\$2,137.92	\$3,393.54

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Select Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

90 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	1.25	2.12	2.72	3.26	3.64	7.44
30-39	3.52	5.91	7.70	9.09	10.30	20.89
40-49	10.26	17.38	22.31	26.18	29.44	57.90
50-59	30.03	51.03	65.49	76.13	84.91	152.74
60-64	55.06	93.86	120.40	139.58	154.72	267.40
65	77.81	132.87	170.40	197.22	217.97	370.04
66	87.32	149.15	191.27	221.32	244.45	412.34
67	98.02	167.48	214.78	248.37	274.09	459.56
68	110.08	186.65	239.47	276.89	305.36	510.20
69	123.68	208.03	267.00	308.67	340.23	566.62
70	138.95	231.87	297.66	344.16	379.20	629.21
71	156.08	258.41	331.91	383.67	422.50	698.64
72	175.23	288.00	370.01	427.76	470.75	775.90
73	190.40	316.03	406.45	470.05	517.36	850.41
74	206.75	346.79	446.58	516.62	568.51	932.14
75	224.50	380.59	490.64	567.82	624.72	1,021.74
76	243.83	417.65	538.92	623.99	686.59	1,119.81
77	264.83	458.36	592.11	685.81	754.49	1,227.42
78	298.94	519.26	672.11	779.49	858.24	1,393.80
79	337.47	588.23	763.09	886.01	976.28	1,582.68
80	380.97	666.41	866.29	1,007.13	1,110.55	1,797.24
81	430.14	754.93	983.50	1,144.78	1,263.28	2,040.83
82	485.61	855.16	1,116.48	1,301.27	1,437.03	2,317.49
83	528.65	934.90	1,223.99	1,429.47	1,581.73	2,521.88
84	575.63	1,022.14	1,341.85	1,570.32	1,740.99	2,744.36
85	626.65	1,117.45	1,470.99	1,725.01	1,916.28	2,986.37
86	682.26	1,221.65	1,612.58	1,894.95	2,109.24	3,249.79
87	742.82	1,335.64	1,767.84	2,081.66	2,321.59	3,701.43
88	808.78	1,460.20	1,938.06	2,286.79	2,555.32	4,215.70
89	880.55	1,596.34	2,124.56	2,512.10	2,812.63	4,801.51

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

**Standard Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit**

90 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	2.15	3.63	4.39	5.25	5.87	8.38
30-39	6.04	10.13	12.44	14.69	16.67	23.56
40-49	17.59	29.80	36.07	42.34	47.59	65.31
50-59	51.48	87.48	105.90	123.12	137.31	172.26
60-64	94.38	160.91	194.70	225.75	250.21	301.59
65	133.39	227.77	275.58	318.95	352.51	417.35
66	149.69	255.68	309.34	357.92	395.34	465.04
67	168.04	287.10	347.33	401.68	443.26	518.30
68	188.69	319.97	387.29	447.81	493.85	575.42
69	212.03	356.63	431.81	499.19	550.24	639.05
70	238.19	397.49	481.40	556.58	613.27	709.63
71	267.56	442.99	536.78	620.50	683.30	787.94
72	300.40	493.71	598.39	691.78	761.31	875.06
73	326.40	541.76	657.33	760.19	836.72	959.11
74	354.42	594.50	722.24	835.49	919.41	1,051.28
75	384.85	652.44	793.49	918.29	1,010.33	1,152.33
76	417.98	715.97	871.56	1,009.14	1,110.38	1,262.94
77	453.98	785.76	957.59	1,109.10	1,220.18	1,384.32
78	512.46	890.14	1,086.99	1,260.63	1,387.98	1,571.96
79	578.52	1,008.38	1,234.10	1,432.89	1,578.89	1,784.97
80	653.10	1,142.43	1,401.02	1,628.78	1,796.03	2,026.96
81	737.39	1,294.16	1,590.57	1,851.40	2,043.03	2,301.68
82	832.46	1,465.99	1,805.63	2,104.48	2,324.03	2,613.70
83	906.25	1,602.68	1,979.51	2,311.82	2,558.06	2,844.24
84	986.80	1,752.23	2,170.08	2,539.61	2,815.63	3,095.14
85	1,074.25	1,915.62	2,378.97	2,789.79	3,099.10	3,368.08
86	1,169.59	2,094.25	2,607.92	3,064.61	3,411.18	3,665.18
87	1,273.40	2,289.67	2,859.05	3,366.56	3,754.58	4,174.53
88	1,386.46	2,503.18	3,134.31	3,698.31	4,132.59	4,754.54
89	1,509.52	2,736.59	3,435.96	4,062.70	4,548.75	5,415.23

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

**Preferred Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit**

120 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$0.75	\$1.24	\$2.00	\$2.41	\$2.70	\$5.07
30-39	\$2.07	\$3.49	\$5.67	\$6.73	\$7.57	\$14.31
40-49	\$6.06	\$10.16	\$16.38	\$19.25	\$21.65	\$39.60
50-59	\$17.69	\$29.79	\$47.93	\$55.85	\$62.26	\$104.69
60-64	\$33.17	\$54.76	\$88.07	\$102.25	\$113.30	\$181.65
65	\$45.98	\$77.51	\$124.53	\$144.33	\$159.53	\$251.10
66	\$51.51	\$87.00	\$139.79	\$161.95	\$178.79	\$279.68
67	\$57.63	\$97.70	\$156.93	\$181.70	\$200.34	\$311.54
68	\$64.20	\$108.83	\$174.89	\$202.51	\$223.17	\$345.83
69	\$71.43	\$121.31	\$194.96	\$225.70	\$248.64	\$383.87
70	\$79.55	\$135.15	\$217.33	\$251.53	\$276.91	\$426.15
71	\$88.58	\$150.59	\$242.23	\$280.38	\$308.50	\$473.06
72	\$98.59	\$167.82	\$270.03	\$312.48	\$343.57	\$525.13
73	\$108.00	\$184.07	\$296.54	\$343.29	\$377.43	\$575.23
74	\$118.27	\$201.94	\$325.68	\$377.15	\$414.55	\$630.18
75	\$129.56	\$221.56	\$357.67	\$414.29	\$455.31	\$690.29
76	\$141.88	\$243.11	\$392.74	\$455.09	\$500.15	\$756.23
77	\$155.38	\$266.73	\$431.33	\$500.02	\$549.36	\$828.42
78	\$175.40	\$302.05	\$489.39	\$568.05	\$624.48	\$940.03
79	\$197.98	\$342.05	\$555.34	\$645.30	\$709.94	\$1,066.64
80	\$223.44	\$387.35	\$630.08	\$733.10	\$807.06	\$1,210.28
81	\$252.21	\$438.66	\$714.97	\$832.85	\$917.48	\$1,373.22
82	\$284.67	\$496.74	\$811.28	\$946.15	\$1,042.95	\$1,558.15
83	\$309.74	\$542.72	\$888.58	\$1,038.55	\$1,146.75	\$1,709.02
84	\$337.07	\$592.94	\$973.27	\$1,139.97	\$1,260.88	\$1,874.50
85	\$366.84	\$647.80	\$1,066.07	\$1,251.31	\$1,386.41	\$2,055.99
86	\$399.16	\$707.75	\$1,167.68	\$1,373.49	\$1,524.38	\$2,255.03
87	\$434.39	\$773.22	\$1,278.97	\$1,507.62	\$1,676.11	\$2,473.35
88	\$472.70	\$844.81	\$1,400.88	\$1,654.85	\$1,842.90	\$2,712.91
89	\$514.39	\$922.99	\$1,534.40	\$1,816.47	\$2,026.35	\$2,975.54

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Select Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

120 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	1.25	2.06	2.64	3.16	3.54	7.16
30-39	3.43	5.78	7.45	8.86	9.96	20.25
40-49	10.05	16.84	21.54	25.31	28.49	56.03
50-59	29.30	49.34	63.04	73.48	81.91	148.12
60-64	54.95	90.71	115.86	134.52	149.05	257.03
65	76.15	128.36	163.83	189.88	209.88	355.28
66	85.32	144.11	183.92	213.08	235.24	395.70
67	95.46	161.82	206.46	239.05	263.57	440.80
68	106.34	180.26	230.10	266.42	293.60	489.31
69	118.32	200.92	256.49	296.93	327.12	543.13
70	131.75	223.84	285.92	330.91	364.31	602.97
71	146.71	249.40	318.68	368.87	405.85	669.33
72	163.30	277.94	355.26	411.10	452.01	743.00
73	178.87	304.87	390.13	451.63	496.55	813.89
74	195.89	334.46	428.47	496.17	545.39	891.64
75	214.58	366.96	470.55	545.05	599.01	976.71
76	234.98	402.66	516.69	598.73	658.01	1,069.97
77	257.36	441.77	567.47	657.81	722.74	1,172.14
78	290.50	500.27	643.84	747.34	821.57	1,330.04
79	327.91	566.51	730.60	848.97	933.99	1,509.18
80	370.08	641.54	828.93	964.47	1,061.78	1,712.40
81	417.70	726.52	940.61	1,095.71	1,207.03	1,942.96
82	471.47	822.72	1,067.32	1,244.76	1,372.12	2,204.63
83	513.00	898.88	1,169.01	1,366.33	1,508.66	2,418.08
84	558.29	982.08	1,280.43	1,499.75	1,658.81	2,652.21
85	607.59	1,072.92	1,402.52	1,646.23	1,823.95	2,909.01
86	661.10	1,172.22	1,536.21	1,806.96	2,005.49	3,190.63
87	719.47	1,280.66	1,682.63	1,983.42	2,205.10	3,499.54
88	782.91	1,399.21	1,843.00	2,177.14	2,424.52	3,838.47
89	851.97	1,528.70	2,018.68	2,389.75	2,665.87	4,210.07

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Standard Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

120 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	2.15	3.53	4.26	5.12	5.74	8.09
30-39	5.87	9.90	12.05	14.32	16.10	22.84
40-49	17.23	28.88	34.85	40.95	46.07	63.20
50-59	50.23	84.58	101.97	118.83	132.46	167.05
60-64	94.18	155.50	187.37	217.54	241.07	289.87
65	130.55	220.04	264.96	307.10	339.44	400.69
66	146.26	247.04	297.43	344.59	380.42	446.29
67	163.65	277.40	333.89	386.60	426.26	497.15
68	182.29	309.01	372.11	430.88	474.84	551.86
69	202.82	344.42	414.81	480.22	529.02	612.55
70	225.85	383.72	462.40	535.16	589.18	680.03
71	251.49	427.55	515.39	596.54	656.37	754.88
72	279.94	476.45	574.53	664.85	731.02	837.97
73	306.64	522.62	630.93	730.39	803.06	917.93
74	335.81	573.34	692.93	802.43	882.02	1,005.61
75	367.85	629.08	760.98	881.46	968.75	1,101.54
76	402.83	690.26	835.63	968.29	1,064.15	1,206.74
77	441.18	757.32	917.73	1,063.85	1,168.86	1,321.95
78	498.00	857.60	1,041.25	1,208.63	1,328.68	1,500.05
79	562.12	971.16	1,181.57	1,373.00	1,510.51	1,702.07
80	634.43	1,099.79	1,340.59	1,559.78	1,717.16	1,931.29
81	716.07	1,245.45	1,521.20	1,772.03	1,952.08	2,191.30
82	808.24	1,410.39	1,726.13	2,013.10	2,219.05	2,486.42
83	879.42	1,540.94	1,890.60	2,209.68	2,439.89	2,727.15
84	957.07	1,683.56	2,070.78	2,425.47	2,682.70	2,991.22
85	1,041.58	1,839.29	2,268.22	2,662.34	2,949.80	3,280.83
86	1,133.32	2,009.50	2,484.44	2,922.32	3,243.37	3,598.45
87	1,233.38	2,195.42	2,721.21	3,207.70	3,566.21	3,946.83
88	1,342.14	2,398.64	2,980.59	3,520.97	3,921.06	4,329.11
89	1,460.51	2,620.63	3,264.69	3,864.83	4,311.38	4,748.21

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Preferred Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$3.00	\$3.00	\$4.00	\$4.00	\$4.00	\$7.00
30-39	\$3.00	\$3.00	\$4.00	\$9.00	\$9.00	\$12.00
40-49	\$7.00	\$8.00	\$12.00	\$12.00	\$14.00	\$19.00
50-59	\$12.00	\$21.00	\$33.00	\$34.00	\$34.00	\$47.00
60-64	\$21.00	\$32.00	\$48.00	\$54.00	\$57.00	\$80.00
65	\$28.00	\$43.00	\$64.00	\$69.00	\$75.00	\$110.00
66	\$29.00	\$45.00	\$69.00	\$76.00	\$83.00	\$120.00
67	\$32.00	\$50.00	\$76.00	\$84.00	\$90.00	\$130.00
68	\$34.00	\$54.00	\$83.00	\$91.00	\$98.00	\$145.00
69	\$39.00	\$59.00	\$91.00	\$102.00	\$106.00	\$157.00
70	\$43.00	\$65.00	\$98.00	\$110.00	\$117.00	\$174.00
71	\$44.00	\$72.00	\$109.00	\$121.00	\$129.00	\$190.00
72	\$50.00	\$76.00	\$118.00	\$130.00	\$140.00	\$205.00
73	\$54.00	\$84.00	\$130.00	\$144.00	\$154.00	\$226.00
74	\$59.00	\$94.00	\$143.00	\$158.00	\$169.00	\$249.00
75	\$66.00	\$103.00	\$156.00	\$174.00	\$186.00	\$273.00
76	\$73.00	\$113.00	\$174.00	\$193.00	\$205.00	\$300.00
77	\$81.00	\$124.00	\$190.00	\$212.00	\$224.00	\$329.00
78	\$89.00	\$135.00	\$207.00	\$228.00	\$241.00	\$350.00
79	\$97.00	\$150.00	\$227.00	\$249.00	\$261.00	\$376.00
80	\$107.00	\$163.00	\$246.00	\$268.00	\$283.00	\$405.00
81	\$120.00	\$178.00	\$268.00	\$290.00	\$304.00	\$432.00
82	\$131.00	\$196.00	\$288.00	\$317.00	\$329.00	\$465.00
83	\$141.00	\$208.00	\$309.00	\$332.00	\$345.00	\$488.00
84	\$152.00	\$223.00	\$329.00	\$353.00	\$370.00	\$513.00
85	\$163.00	\$239.00	\$349.00	\$377.00	\$388.00	\$540.00
86	\$176.00	\$256.00	\$371.00	\$397.00	\$413.00	\$569.00
87	\$189.00	\$274.00	\$394.00	\$420.00	\$432.00	\$597.00
88	\$205.00	\$294.00	\$420.00	\$448.00	\$461.00	\$630.00
89	\$219.00	\$312.00	\$448.00	\$474.00	\$487.00	\$662.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Select Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$10.00
30-39	\$6.00	\$6.00	\$6.00	\$12.00	\$12.00	\$18.00
40-49	\$10.00	\$12.00	\$15.00	\$15.00	\$20.00	\$28.00
50-59	\$21.00	\$35.00	\$43.00	\$44.00	\$44.00	\$67.00
60-64	\$35.00	\$54.00	\$64.00	\$72.00	\$75.00	\$113.00
65	\$44.00	\$72.00	\$83.00	\$92.00	\$98.00	\$156.00
66	\$46.00	\$75.00	\$92.00	\$100.00	\$108.00	\$169.00
67	\$54.00	\$81.00	\$100.00	\$110.00	\$118.00	\$185.00
68	\$58.00	\$90.00	\$108.00	\$121.00	\$129.00	\$205.00
69	\$64.00	\$98.00	\$121.00	\$135.00	\$139.00	\$223.00
70	\$72.00	\$108.00	\$129.00	\$144.00	\$154.00	\$246.00
71	\$74.00	\$118.00	\$143.00	\$160.00	\$169.00	\$270.00
72	\$81.00	\$128.00	\$156.00	\$172.00	\$183.00	\$289.00
73	\$90.00	\$139.00	\$172.00	\$190.00	\$202.00	\$320.00
74	\$98.00	\$156.00	\$189.00	\$208.00	\$223.00	\$351.00
75	\$110.00	\$172.00	\$206.00	\$229.00	\$244.00	\$387.00
76	\$121.00	\$189.00	\$229.00	\$252.00	\$270.00	\$424.00
77	\$135.00	\$206.00	\$251.00	\$279.00	\$297.00	\$466.00
78	\$146.00	\$226.00	\$272.00	\$300.00	\$316.00	\$495.00
79	\$162.00	\$246.00	\$298.00	\$328.00	\$343.00	\$534.00
80	\$177.00	\$270.00	\$326.00	\$352.00	\$372.00	\$574.00
81	\$198.00	\$297.00	\$352.00	\$382.00	\$400.00	\$613.00
82	\$216.00	\$326.00	\$380.00	\$416.00	\$433.00	\$659.00
83	\$233.00	\$344.00	\$406.00	\$437.00	\$454.00	\$691.00
84	\$251.00	\$370.00	\$433.00	\$466.00	\$485.00	\$726.00
85	\$270.00	\$397.00	\$460.00	\$497.00	\$510.00	\$765.00
86	\$293.00	\$424.00	\$487.00	\$521.00	\$543.00	\$805.00
87	\$314.00	\$452.00	\$518.00	\$552.00	\$570.00	\$845.00
88	\$339.00	\$485.00	\$552.00	\$590.00	\$606.00	\$893.00
89	\$364.00	\$518.00	\$590.00	\$624.00	\$641.00	\$936.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Standard Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
30-39	\$10.00	\$10.00	\$10.00	\$20.00	\$20.00	\$20.00
40-49	\$17.00	\$20.00	\$26.00	\$26.00	\$30.00	\$30.00
50-59	\$36.00	\$59.00	\$69.00	\$73.00	\$73.00	\$76.00
60-64	\$59.00	\$92.00	\$102.00	\$116.00	\$122.00	\$129.00
65	\$76.00	\$122.00	\$135.00	\$149.00	\$158.00	\$175.00
66	\$79.00	\$129.00	\$149.00	\$162.00	\$175.00	\$191.00
67	\$92.00	\$139.00	\$162.00	\$178.00	\$191.00	\$208.00
68	\$99.00	\$155.00	\$175.00	\$195.00	\$208.00	\$231.00
69	\$109.00	\$168.00	\$195.00	\$218.00	\$224.00	\$251.00
70	\$122.00	\$185.00	\$208.00	\$234.00	\$248.00	\$277.00
71	\$125.00	\$201.00	\$231.00	\$257.00	\$274.00	\$304.00
72	\$139.00	\$218.00	\$251.00	\$277.00	\$297.00	\$327.00
73	\$155.00	\$238.00	\$277.00	\$307.00	\$327.00	\$360.00
74	\$168.00	\$267.00	\$304.00	\$337.00	\$360.00	\$396.00
75	\$188.00	\$294.00	\$333.00	\$370.00	\$396.00	\$436.00
76	\$208.00	\$323.00	\$370.00	\$409.00	\$436.00	\$479.00
77	\$231.00	\$353.00	\$406.00	\$452.00	\$479.00	\$525.00
78	\$251.00	\$386.00	\$439.00	\$485.00	\$512.00	\$558.00
79	\$277.00	\$422.00	\$482.00	\$528.00	\$554.00	\$601.00
80	\$304.00	\$462.00	\$525.00	\$571.00	\$601.00	\$647.00
81	\$340.00	\$508.00	\$571.00	\$617.00	\$647.00	\$690.00
82	\$370.00	\$558.00	\$614.00	\$673.00	\$700.00	\$743.00
83	\$399.00	\$591.00	\$657.00	\$706.00	\$736.00	\$779.00
84	\$429.00	\$634.00	\$700.00	\$752.00	\$785.00	\$818.00
85	\$462.00	\$680.00	\$743.00	\$802.00	\$825.00	\$861.00
86	\$502.00	\$726.00	\$789.00	\$845.00	\$878.00	\$908.00
87	\$538.00	\$776.00	\$838.00	\$894.00	\$921.00	\$954.00
88	\$581.00	\$832.00	\$894.00	\$954.00	\$980.00	\$1,007.00
89	\$624.00	\$888.00	\$954.00	\$1,010.00	\$1,036.00	\$1,056.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Preferred Annual Premium Rates Per Individual - Area A
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

20 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$3.00	\$3.00	\$4.00	\$4.00	\$4.00	\$7.00
30-39	\$3.00	\$3.00	\$4.00	\$9.00	\$9.00	\$12.00
40-49	\$3.00	\$7.00	\$9.00	\$9.00	\$9.00	\$12.00
50-59	\$10.00	\$17.00	\$22.00	\$25.00	\$26.00	\$35.00
60-64	\$12.00	\$22.00	\$35.00	\$41.00	\$43.00	\$62.00
65	\$18.00	\$31.00	\$48.00	\$54.00	\$56.00	\$83.00
66	\$20.00	\$32.00	\$50.00	\$57.00	\$62.00	\$91.00
67	\$21.00	\$37.00	\$56.00	\$62.00	\$68.00	\$99.00
68	\$22.00	\$39.00	\$61.00	\$69.00	\$75.00	\$110.00
69	\$26.00	\$43.00	\$68.00	\$75.00	\$80.00	\$120.00
70	\$28.00	\$45.00	\$73.00	\$83.00	\$90.00	\$130.00
71	\$29.00	\$50.00	\$80.00	\$90.00	\$96.00	\$145.00
72	\$32.00	\$55.00	\$87.00	\$98.00	\$106.00	\$157.00
73	\$37.00	\$61.00	\$96.00	\$109.00	\$117.00	\$174.00
74	\$40.00	\$66.00	\$106.00	\$118.00	\$129.00	\$190.00
75	\$44.00	\$75.00	\$117.00	\$130.00	\$140.00	\$205.00
76	\$48.00	\$83.00	\$129.00	\$144.00	\$154.00	\$228.00
77	\$54.00	\$89.00	\$143.00	\$158.00	\$169.00	\$249.00
78	\$59.00	\$97.00	\$152.00	\$171.00	\$180.00	\$267.00
79	\$64.00	\$107.00	\$166.00	\$186.00	\$194.00	\$284.00
80	\$72.00	\$116.00	\$180.00	\$200.00	\$209.00	\$304.00
81	\$76.00	\$125.00	\$194.00	\$215.00	\$227.00	\$322.00
82	\$84.00	\$138.00	\$212.00	\$233.00	\$242.00	\$348.00
83	\$92.00	\$147.00	\$224.00	\$246.00	\$257.00	\$364.00
84	\$97.00	\$157.00	\$239.00	\$261.00	\$270.00	\$383.00
85	\$105.00	\$168.00	\$253.00	\$275.00	\$284.00	\$397.00
86	\$113.00	\$180.00	\$268.00	\$288.00	\$301.00	\$418.00
87	\$122.00	\$191.00	\$284.00	\$306.00	\$318.00	\$439.00
88	\$132.00	\$205.00	\$304.00	\$322.00	\$336.00	\$459.00
89	\$142.00	\$218.00	\$321.00	\$343.00	\$352.00	\$477.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Select Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

20 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$10.00
30-39	\$6.00	\$6.00	\$6.00	\$12.00	\$12.00	\$18.00
40-49	\$6.00	\$10.00	\$12.00	\$12.00	\$12.00	\$18.00
50-59	\$15.00	\$28.00	\$29.00	\$33.00	\$35.00	\$51.00
60-64	\$21.00	\$36.00	\$46.00	\$54.00	\$58.00	\$89.00
65	\$29.00	\$52.00	\$64.00	\$72.00	\$74.00	\$118.00
66	\$33.00	\$54.00	\$66.00	\$75.00	\$81.00	\$129.00
67	\$35.00	\$62.00	\$74.00	\$81.00	\$90.00	\$141.00
68	\$36.00	\$64.00	\$79.00	\$92.00	\$98.00	\$156.00
69	\$43.00	\$72.00	\$90.00	\$98.00	\$106.00	\$169.00
70	\$44.00	\$75.00	\$97.00	\$108.00	\$118.00	\$185.00
71	\$46.00	\$81.00	\$106.00	\$118.00	\$128.00	\$205.00
72	\$54.00	\$92.00	\$113.00	\$129.00	\$139.00	\$223.00
73	\$62.00	\$100.00	\$128.00	\$143.00	\$154.00	\$246.00
74	\$66.00	\$110.00	\$139.00	\$156.00	\$169.00	\$270.00
75	\$74.00	\$125.00	\$154.00	\$172.00	\$183.00	\$289.00
76	\$79.00	\$136.00	\$169.00	\$190.00	\$202.00	\$321.00
77	\$90.00	\$146.00	\$189.00	\$208.00	\$223.00	\$351.00
78	\$98.00	\$162.00	\$200.00	\$226.00	\$237.00	\$377.00
79	\$106.00	\$177.00	\$218.00	\$244.00	\$256.00	\$400.00
80	\$118.00	\$193.00	\$237.00	\$264.00	\$275.00	\$429.00
81	\$128.00	\$208.00	\$256.00	\$282.00	\$298.00	\$457.00
82	\$139.00	\$229.00	\$279.00	\$306.00	\$318.00	\$491.00
83	\$154.00	\$244.00	\$297.00	\$326.00	\$339.00	\$516.00
84	\$162.00	\$262.00	\$314.00	\$343.00	\$354.00	\$541.00
85	\$174.00	\$279.00	\$333.00	\$362.00	\$374.00	\$562.00
86	\$189.00	\$298.00	\$352.00	\$380.00	\$397.00	\$591.00
87	\$202.00	\$316.00	\$374.00	\$403.00	\$418.00	\$620.00
88	\$218.00	\$339.00	\$400.00	\$424.00	\$441.00	\$649.00
89	\$235.00	\$362.00	\$421.00	\$451.00	\$464.00	\$675.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Standard Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

20 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
30-39	\$10.00	\$10.00	\$10.00	\$20.00	\$20.00	\$20.00
40-49	\$10.00	\$17.00	\$20.00	\$20.00	\$20.00	\$20.00
50-59	\$26.00	\$46.00	\$46.00	\$53.00	\$56.00	\$56.00
60-64	\$36.00	\$63.00	\$76.00	\$86.00	\$92.00	\$99.00
65	\$50.00	\$89.00	\$102.00	\$116.00	\$119.00	\$132.00
66	\$56.00	\$92.00	\$106.00	\$122.00	\$132.00	\$145.00
67	\$59.00	\$106.00	\$119.00	\$132.00	\$145.00	\$158.00
68	\$63.00	\$109.00	\$129.00	\$149.00	\$158.00	\$175.00
69	\$73.00	\$122.00	\$145.00	\$158.00	\$172.00	\$191.00
70	\$76.00	\$129.00	\$155.00	\$175.00	\$191.00	\$208.00
71	\$79.00	\$139.00	\$172.00	\$191.00	\$205.00	\$231.00
72	\$92.00	\$158.00	\$185.00	\$208.00	\$224.00	\$251.00
73	\$106.00	\$172.00	\$205.00	\$231.00	\$248.00	\$277.00
74	\$112.00	\$188.00	\$224.00	\$251.00	\$274.00	\$304.00
75	\$125.00	\$215.00	\$248.00	\$277.00	\$297.00	\$327.00
76	\$135.00	\$234.00	\$274.00	\$307.00	\$327.00	\$363.00
77	\$155.00	\$251.00	\$304.00	\$337.00	\$360.00	\$396.00
78	\$168.00	\$277.00	\$323.00	\$363.00	\$383.00	\$426.00
79	\$182.00	\$304.00	\$353.00	\$396.00	\$413.00	\$452.00
80	\$201.00	\$330.00	\$383.00	\$426.00	\$446.00	\$485.00
81	\$218.00	\$356.00	\$413.00	\$455.00	\$482.00	\$515.00
82	\$238.00	\$393.00	\$452.00	\$495.00	\$515.00	\$554.00
83	\$264.00	\$419.00	\$479.00	\$525.00	\$548.00	\$581.00
84	\$277.00	\$449.00	\$508.00	\$554.00	\$574.00	\$611.00
85	\$297.00	\$479.00	\$538.00	\$584.00	\$604.00	\$634.00
86	\$323.00	\$512.00	\$571.00	\$614.00	\$640.00	\$667.00
87	\$347.00	\$541.00	\$604.00	\$650.00	\$677.00	\$700.00
88	\$373.00	\$581.00	\$647.00	\$686.00	\$713.00	\$733.00
89	\$403.00	\$620.00	\$683.00	\$729.00	\$749.00	\$762.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

SERFF Tracking Number:	PNTX-126201445	State:	Arkansas
Filing Company:	Penn Treaty Network America Insurance Company	State Tracking Number:	42740
Company Tracking Number:	LTCAR0013110R01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	09 LTC- 2009 Long Term Care		
Project Name/Number:	09 LTC- 2009 Long Term Care/LTCAR0013110R01		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment:			
Cover Letter.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter - Revised Rates		
Comments:			
Attachment:			
Cover Letter - Revised Rates.PDF			



tel 800.362.0700
www.penn treaty.com

June 23, 2009

Harris Shearer
Forms and Advertising Examiner
Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: NAIC Number: 63282 / Penn Treaty Network America Insurance Company
RATE INCREASE FILING SUBMISSION
Qualified Long-Term Care Insurance Policy, Form Series 6000

Dear Mr. Shearer:

Attached please find a copy of the above-referenced actuarial memorandum for the Department's review and approval. Our Company is requesting a rate increase on our Qualified Long-Term Care Insurance Policy, form series 6000. Please note that this series is a closed block of business.

We intend, as we have in the past, to offer options to policyholders that mitigate or eliminate the impact of this requested premium rate increase. These options include, but are not limited to, the reduction of daily benefits or total benefits at the policyholder's discretion.

Further, we would like to offer policyholders the ability to retain a nonforfeiture benefit equal to all past premiums paid less claims incurred to date or premiums refunded. This offer would be made available to all existing policyholders under form series 6000 and will be an alternative nonforfeiture benefit. Please note that this benefit would not otherwise be available for these policies, which were issued prior to Arkansas' adoption of the NAIC Model's Contingent Benefit upon Lapse. With this option, policyholders would not be required to trigger a substantial premium increase. (Policyholders who lapse their coverage within 120 days of notification of this premium rate increase will receive this benefit by default.)

The Nonforfeiture Benefit Amendatory Rider, form number ANF-P, has been submitted for your review and approval with the proposed rate increase for our 2400 product form series under SERFF Tracking No. PNTX-126201331. This rider will be mailed to all existing policyholders along with the premium rate increase notification letter. If the policyholder receives this benefit, the Company will notify the policyholder of the change in their benefits by sending a completed Endorsement.

Harris Shearer

June 23, 2009

Page 2

In order to provide this unique option, we respectfully request the Department's approval of an additional 2% for all form series 6000 and related optional riders. If approved, the total premium rate increase would be 27%.

The rate increase will apply to the following policy forms for our Qualified Long-Term Care Insurance Policy, form series 6000:

<u>DESCRIPTION</u>	<u>POLICY FORM</u>	<u>APPROVAL DATE</u>	<u>% OF INCREASE</u>
Qualified Long Term Care Insurance Policy	LTCTP-6000(AR)-N	06/06/97	25%

The following is a list of previously approved optional riders which were offered in conjunction with the above policy forms. The premiums for these optional riders will be increased as well. (Please note that the rider premium rates as a percentage of the premium do not change.)

<u>DESCRIPTION</u>	<u>RIDER FORM</u>	<u>APPROVAL DATE</u>	<u>% OF INCREASE</u>
Lifetime Inflation Rider	LTINF91-N	04/29/97	25%
Nonforfeiture Benefit Rider	NFSB-LTC-N	05/15/97	25%
Tax Qualified Home Health Care Rider	LTCTP-HHCR-N	06/06/97	25%

* We are requesting approval of 25% at this time. In addition, we are requesting a 2% supplemental premium rate increase (totaling 27%) in order to provide an alternative nonforfeiture benefit to lapsing policyholders.

Our Company appreciates the Department's time and consideration in this matter. Should you have any questions or concerns, please feel free to contact me directly.

Sincerely,



Anita Small, Analyst
Product and Regulatory Compliance
Phone: (800) 222-3469, Ext. 6645
E-Mail: asmall@penntreaty.com

Enclosures

(AR) 2009 Rate Increase Submission – Form 6000



tel 800.362.0700
www.penntreaty.com

August 7, 2009

Harris Shearer
Forms and Advertising Examiner
Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: NAIC Number: 63282 / Penn Treaty Network America Insurance Company
RATE INCREASE FILING SUBMISSION
Qualified Long-Term Care Insurance Policy, Form Series 6000

Dear Mr. Shearer:

This letter confirms our communications of August 3 and 4, 2009 regarding the above-referenced submission. Our Company accepts the Department's proposal for a 10% rate increase for this product form series, related riders, and the amendatory rider, form ANF-P. Attached please find revised rate schedules reflecting a 10% rate increase.

Our Company appreciates the Department's time and consideration in this matter. Should you have any questions or concerns, please feel free to contact me directly.

Sincerely,

A handwritten signature in blue ink, appearing to read "Anita Small", is positioned above the typed name.

Anita Small, Analyst
Product and Regulatory Compliance
Phone: (800) 222-3469, Ext. 6645
E-Mail: asmall@penntreaty.com

Enclosures

(AR) 2009 RI 6000 Resp

Penn Treaty Network America Insurance Company (In Rehabilitation)
(Penn Treaty Network America Life Insurance Company in California)
American Network Insurance Company (In Rehabilitation)

3440 Lehigh Street :: Allentown, PA 18103

SERFF Tracking Number: PNTX-126201445 State: Arkansas

Filing Company: Penn Treaty Network America Insurance State Tracking Number: 42740

Company

Company Tracking Number: LTCAR0013110R01

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: 09 LTC- 2009 Long Term Care

Project Name/Number: 09 LTC- 2009 Long Term Care/LTCAR0013110R01

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/23/2009	Rate and Rule	Proposed Rate Schedules	08/07/2009	2009 Rate Increase - FormHHCR .PDF (Superceded)
06/23/2009	Rate and Rule	Proposed Rate Schedules	08/07/2009	2009 Rate Increase - Form 6000.PDF (Superceded)

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Preferred Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$4.00	\$4.00	\$5.00	\$5.00	\$5.00	\$8.00
30-39	\$4.00	\$4.00	\$5.00	\$10.00	\$10.00	\$14.00
40-49	\$8.00	\$9.00	\$14.00	\$14.00	\$17.00	\$22.00
50-59	\$14.00	\$24.00	\$38.00	\$39.00	\$39.00	\$55.00
60-64	\$24.00	\$37.00	\$56.00	\$62.00	\$66.00	\$93.00
65	\$32.00	\$50.00	\$74.00	\$80.00	\$86.00	\$127.00
66	\$33.00	\$52.00	\$80.00	\$88.00	\$95.00	\$138.00
67	\$37.00	\$57.00	\$88.00	\$97.00	\$104.00	\$150.00
68	\$39.00	\$62.00	\$95.00	\$105.00	\$113.00	\$168.00
69	\$44.00	\$69.00	\$105.00	\$118.00	\$122.00	\$182.00
70	\$50.00	\$75.00	\$113.00	\$127.00	\$135.00	\$201.00
71	\$51.00	\$83.00	\$126.00	\$140.00	\$149.00	\$220.00
72	\$57.00	\$88.00	\$136.00	\$150.00	\$161.00	\$236.00
73	\$62.00	\$97.00	\$150.00	\$166.00	\$178.00	\$260.00
74	\$69.00	\$108.00	\$165.00	\$183.00	\$196.00	\$287.00
75	\$76.00	\$119.00	\$180.00	\$201.00	\$215.00	\$315.00
76	\$84.00	\$131.00	\$201.00	\$222.00	\$236.00	\$347.00
77	\$94.00	\$144.00	\$220.00	\$245.00	\$259.00	\$380.00
78	\$103.00	\$156.00	\$239.00	\$263.00	\$278.00	\$404.00
79	\$112.00	\$173.00	\$262.00	\$287.00	\$301.00	\$434.00
80	\$123.00	\$188.00	\$284.00	\$310.00	\$326.00	\$467.00
81	\$138.00	\$206.00	\$310.00	\$335.00	\$351.00	\$499.00
82	\$151.00	\$226.00	\$333.00	\$366.00	\$380.00	\$537.00
83	\$163.00	\$240.00	\$357.00	\$384.00	\$399.00	\$564.00
84	\$175.00	\$258.00	\$380.00	\$408.00	\$427.00	\$592.00
85	\$188.00	\$276.00	\$403.00	\$436.00	\$448.00	\$624.00
86	\$203.00	\$296.00	\$428.00	\$458.00	\$476.00	\$657.00
87	\$218.00	\$316.00	\$455.00	\$485.00	\$499.00	\$690.00
88	\$236.00	\$339.00	\$485.00	\$517.00	\$532.00	\$728.00
89	\$253.00	\$361.00	\$517.00	\$547.00	\$563.00	\$765.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Select Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$11.00
30-39	\$6.00	\$6.00	\$6.00	\$14.00	\$14.00	\$20.00
40-49	\$11.00	\$14.00	\$18.00	\$18.00	\$23.00	\$32.00
50-59	\$24.00	\$41.00	\$50.00	\$51.00	\$51.00	\$77.00
60-64	\$41.00	\$62.00	\$74.00	\$83.00	\$86.00	\$131.00
65	\$51.00	\$83.00	\$95.00	\$107.00	\$113.00	\$180.00
66	\$53.00	\$86.00	\$107.00	\$116.00	\$124.00	\$196.00
67	\$62.00	\$94.00	\$116.00	\$127.00	\$136.00	\$213.00
68	\$67.00	\$104.00	\$124.00	\$140.00	\$149.00	\$236.00
69	\$74.00	\$113.00	\$140.00	\$156.00	\$160.00	\$258.00
70	\$83.00	\$124.00	\$149.00	\$166.00	\$178.00	\$284.00
71	\$85.00	\$136.00	\$165.00	\$184.00	\$196.00	\$311.00
72	\$94.00	\$147.00	\$180.00	\$198.00	\$211.00	\$334.00
73	\$104.00	\$160.00	\$198.00	\$220.00	\$234.00	\$370.00
74	\$113.00	\$180.00	\$218.00	\$240.00	\$258.00	\$405.00
75	\$127.00	\$198.00	\$237.00	\$264.00	\$282.00	\$447.00
76	\$140.00	\$218.00	\$264.00	\$291.00	\$311.00	\$489.00
77	\$156.00	\$237.00	\$290.00	\$323.00	\$343.00	\$538.00
78	\$169.00	\$260.00	\$314.00	\$347.00	\$364.00	\$572.00
79	\$187.00	\$284.00	\$344.00	\$378.00	\$396.00	\$616.00
80	\$204.00	\$311.00	\$376.00	\$406.00	\$429.00	\$663.00
81	\$229.00	\$343.00	\$406.00	\$441.00	\$462.00	\$707.00
82	\$249.00	\$376.00	\$438.00	\$480.00	\$500.00	\$761.00
83	\$269.00	\$398.00	\$469.00	\$504.00	\$525.00	\$798.00
84	\$290.00	\$427.00	\$500.00	\$538.00	\$560.00	\$838.00
85	\$311.00	\$458.00	\$531.00	\$574.00	\$589.00	\$883.00
86	\$338.00	\$489.00	\$563.00	\$602.00	\$627.00	\$930.00
87	\$362.00	\$522.00	\$598.00	\$638.00	\$658.00	\$975.00
88	\$391.00	\$560.00	\$638.00	\$681.00	\$700.00	\$1,031.00
89	\$420.00	\$598.00	\$681.00	\$720.00	\$740.00	\$1,081.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Standard Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
30-39	\$11.00	\$11.00	\$11.00	\$23.00	\$23.00	\$23.00
40-49	\$19.00	\$23.00	\$30.00	\$30.00	\$34.00	\$34.00
50-59	\$42.00	\$69.00	\$80.00	\$84.00	\$84.00	\$88.00
60-64	\$69.00	\$107.00	\$118.00	\$133.00	\$141.00	\$149.00
65	\$88.00	\$141.00	\$156.00	\$171.00	\$183.00	\$202.00
66	\$91.00	\$149.00	\$171.00	\$187.00	\$202.00	\$221.00
67	\$107.00	\$160.00	\$187.00	\$206.00	\$221.00	\$240.00
68	\$114.00	\$179.00	\$202.00	\$225.00	\$240.00	\$267.00
69	\$126.00	\$194.00	\$225.00	\$251.00	\$259.00	\$290.00
70	\$141.00	\$213.00	\$240.00	\$271.00	\$286.00	\$320.00
71	\$145.00	\$232.00	\$267.00	\$297.00	\$316.00	\$351.00
72	\$160.00	\$251.00	\$290.00	\$320.00	\$343.00	\$377.00
73	\$179.00	\$274.00	\$320.00	\$354.00	\$377.00	\$415.00
74	\$194.00	\$309.00	\$351.00	\$389.00	\$415.00	\$457.00
75	\$217.00	\$339.00	\$385.00	\$427.00	\$457.00	\$503.00
76	\$240.00	\$373.00	\$427.00	\$472.00	\$503.00	\$552.00
77	\$267.00	\$408.00	\$469.00	\$522.00	\$552.00	\$606.00
78	\$290.00	\$446.00	\$507.00	\$560.00	\$591.00	\$644.00
79	\$320.00	\$488.00	\$556.00	\$610.00	\$640.00	\$693.00
80	\$351.00	\$533.00	\$606.00	\$659.00	\$693.00	\$747.00
81	\$392.00	\$587.00	\$659.00	\$712.00	\$747.00	\$796.00
82	\$427.00	\$644.00	\$709.00	\$777.00	\$808.00	\$857.00
83	\$461.00	\$682.00	\$758.00	\$815.00	\$850.00	\$899.00
84	\$495.00	\$732.00	\$808.00	\$869.00	\$907.00	\$945.00
85	\$533.00	\$785.00	\$857.00	\$926.00	\$953.00	\$994.00
86	\$579.00	\$838.00	\$911.00	\$975.00	\$1,013.00	\$1,048.00
87	\$621.00	\$895.00	\$968.00	\$1,033.00	\$1,063.00	\$1,101.00
88	\$671.00	\$960.00	\$1,033.00	\$1,101.00	\$1,132.00	\$1,162.00
89	\$720.00	\$1,025.00	\$1,101.00	\$1,166.00	\$1,196.00	\$1,219.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Preferred Annual Premium Rates Per Individual - Area A
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

20 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$4.00	\$4.00	\$5.00	\$5.00	\$5.00	\$8.00
30-39	\$4.00	\$4.00	\$5.00	\$10.00	\$10.00	\$14.00
40-49	\$4.00	\$8.00	\$10.00	\$10.00	\$10.00	\$14.00
50-59	\$11.00	\$19.00	\$25.00	\$29.00	\$30.00	\$41.00
60-64	\$14.00	\$25.00	\$41.00	\$47.00	\$50.00	\$71.00
65	\$20.00	\$36.00	\$56.00	\$62.00	\$65.00	\$95.00
66	\$23.00	\$37.00	\$57.00	\$66.00	\$71.00	\$105.00
67	\$24.00	\$43.00	\$65.00	\$71.00	\$79.00	\$114.00
68	\$25.00	\$44.00	\$70.00	\$80.00	\$86.00	\$127.00
69	\$30.00	\$50.00	\$79.00	\$86.00	\$93.00	\$138.00
70	\$32.00	\$52.00	\$84.00	\$95.00	\$104.00	\$150.00
71	\$33.00	\$57.00	\$93.00	\$104.00	\$110.00	\$168.00
72	\$37.00	\$64.00	\$100.00	\$113.00	\$122.00	\$182.00
73	\$43.00	\$70.00	\$110.00	\$126.00	\$135.00	\$201.00
74	\$46.00	\$76.00	\$122.00	\$136.00	\$149.00	\$220.00
75	\$51.00	\$86.00	\$135.00	\$150.00	\$161.00	\$236.00
76	\$56.00	\$95.00	\$149.00	\$166.00	\$178.00	\$263.00
77	\$62.00	\$103.00	\$165.00	\$183.00	\$196.00	\$287.00
78	\$69.00	\$112.00	\$175.00	\$197.00	\$208.00	\$309.00
79	\$74.00	\$123.00	\$192.00	\$215.00	\$224.00	\$328.00
80	\$83.00	\$133.00	\$208.00	\$231.00	\$241.00	\$351.00
81	\$88.00	\$145.00	\$224.00	\$248.00	\$262.00	\$372.00
82	\$97.00	\$159.00	\$245.00	\$269.00	\$279.00	\$401.00
83	\$107.00	\$170.00	\$259.00	\$284.00	\$297.00	\$420.00
84	\$112.00	\$182.00	\$276.00	\$301.00	\$311.00	\$442.00
85	\$121.00	\$194.00	\$292.00	\$318.00	\$328.00	\$458.00
86	\$131.00	\$208.00	\$310.00	\$333.00	\$348.00	\$483.00
87	\$141.00	\$221.00	\$328.00	\$353.00	\$367.00	\$507.00
88	\$152.00	\$236.00	\$351.00	\$372.00	\$387.00	\$530.00
89	\$164.00	\$251.00	\$371.00	\$396.00	\$406.00	\$551.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Select Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

20 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$11.00
30-39	\$6.00	\$6.00	\$6.00	\$14.00	\$14.00	\$20.00
40-49	\$6.00	\$11.00	\$14.00	\$14.00	\$14.00	\$20.00
50-59	\$18.00	\$32.00	\$33.00	\$38.00	\$41.00	\$58.00
60-64	\$24.00	\$42.00	\$53.00	\$62.00	\$67.00	\$103.00
65	\$33.00	\$60.00	\$74.00	\$83.00	\$85.00	\$136.00
66	\$38.00	\$62.00	\$76.00	\$86.00	\$94.00	\$149.00
67	\$41.00	\$71.00	\$85.00	\$94.00	\$104.00	\$163.00
68	\$42.00	\$74.00	\$91.00	\$107.00	\$113.00	\$180.00
69	\$50.00	\$83.00	\$104.00	\$113.00	\$122.00	\$196.00
70	\$51.00	\$86.00	\$112.00	\$124.00	\$136.00	\$213.00
71	\$53.00	\$94.00	\$122.00	\$136.00	\$147.00	\$236.00
72	\$62.00	\$107.00	\$131.00	\$149.00	\$160.00	\$258.00
73	\$71.00	\$116.00	\$147.00	\$165.00	\$178.00	\$284.00
74	\$76.00	\$127.00	\$160.00	\$180.00	\$196.00	\$311.00
75	\$85.00	\$145.00	\$178.00	\$198.00	\$211.00	\$334.00
76	\$91.00	\$157.00	\$196.00	\$220.00	\$234.00	\$371.00
77	\$104.00	\$169.00	\$218.00	\$240.00	\$258.00	\$405.00
78	\$113.00	\$187.00	\$231.00	\$260.00	\$273.00	\$436.00
79	\$122.00	\$204.00	\$251.00	\$282.00	\$296.00	\$462.00
80	\$136.00	\$222.00	\$273.00	\$305.00	\$318.00	\$495.00
81	\$147.00	\$240.00	\$296.00	\$325.00	\$344.00	\$527.00
82	\$160.00	\$264.00	\$323.00	\$353.00	\$367.00	\$566.00
83	\$178.00	\$282.00	\$343.00	\$376.00	\$391.00	\$596.00
84	\$187.00	\$302.00	\$362.00	\$396.00	\$409.00	\$625.00
85	\$201.00	\$323.00	\$385.00	\$418.00	\$432.00	\$649.00
86	\$218.00	\$344.00	\$406.00	\$438.00	\$458.00	\$682.00
87	\$234.00	\$364.00	\$432.00	\$465.00	\$483.00	\$716.00
88	\$251.00	\$391.00	\$462.00	\$489.00	\$509.00	\$749.00
89	\$272.00	\$418.00	\$486.00	\$521.00	\$536.00	\$780.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company
Tax Qualified Rider
Home Health Care Rider Form LTCTP-HHCR
Standard Annual Premium Rates Per Individual
\$10 Daily Home Health Care Benefit

Non-Duplication of Medicare

20 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
30-39	\$11.00	\$11.00	\$11.00	\$23.00	\$23.00	\$23.00
40-49	\$11.00	\$19.00	\$23.00	\$23.00	\$23.00	\$23.00
50-59	\$30.00	\$53.00	\$53.00	\$61.00	\$65.00	\$65.00
60-64	\$42.00	\$72.00	\$88.00	\$99.00	\$107.00	\$114.00
65	\$57.00	\$103.00	\$118.00	\$133.00	\$137.00	\$152.00
66	\$65.00	\$107.00	\$122.00	\$141.00	\$152.00	\$168.00
67	\$69.00	\$122.00	\$137.00	\$152.00	\$168.00	\$183.00
68	\$72.00	\$126.00	\$149.00	\$171.00	\$183.00	\$202.00
69	\$84.00	\$141.00	\$168.00	\$183.00	\$198.00	\$221.00
70	\$88.00	\$149.00	\$179.00	\$202.00	\$221.00	\$240.00
71	\$91.00	\$160.00	\$198.00	\$221.00	\$236.00	\$267.00
72	\$107.00	\$183.00	\$213.00	\$240.00	\$259.00	\$290.00
73	\$122.00	\$198.00	\$236.00	\$267.00	\$286.00	\$320.00
74	\$130.00	\$217.00	\$259.00	\$290.00	\$316.00	\$351.00
75	\$145.00	\$248.00	\$286.00	\$320.00	\$343.00	\$377.00
76	\$156.00	\$271.00	\$316.00	\$354.00	\$377.00	\$419.00
77	\$179.00	\$290.00	\$351.00	\$389.00	\$415.00	\$457.00
78	\$194.00	\$320.00	\$373.00	\$419.00	\$442.00	\$491.00
79	\$210.00	\$351.00	\$408.00	\$457.00	\$476.00	\$522.00
80	\$232.00	\$381.00	\$442.00	\$491.00	\$514.00	\$560.00
81	\$251.00	\$411.00	\$476.00	\$526.00	\$556.00	\$594.00
82	\$274.00	\$453.00	\$522.00	\$572.00	\$594.00	\$640.00
83	\$305.00	\$484.00	\$552.00	\$606.00	\$632.00	\$671.00
84	\$320.00	\$518.00	\$587.00	\$640.00	\$663.00	\$705.00
85	\$343.00	\$552.00	\$621.00	\$674.00	\$697.00	\$732.00
86	\$373.00	\$591.00	\$659.00	\$709.00	\$739.00	\$770.00
87	\$400.00	\$625.00	\$697.00	\$751.00	\$781.00	\$808.00
88	\$431.00	\$671.00	\$747.00	\$792.00	\$823.00	\$846.00
89	\$465.00	\$716.00	\$789.00	\$842.00	\$865.00	\$880.00

If the applicant is married and living with the spouse,
multiply the rates by .90.

Modal Factors

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = .085

Automatic Monthly = .085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Preferred Annual Premium Rates Per Individual- Area B

\$10 Daily Nursing Home Benefit

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$1.10	\$1.75	\$2.79	\$3.19	\$3.62	\$6.71
30-39	\$3.09	\$4.90	\$7.87	\$9.08	\$10.17	\$18.80
40-49	\$9.06	\$14.47	\$22.94	\$26.33	\$29.34	\$52.55
50-59	\$26.63	\$42.44	\$67.36	\$76.90	\$84.94	\$140.44
60-64	\$48.77	\$78.16	\$124.24	\$141.52	\$155.69	\$248.50
65	\$68.99	\$110.68	\$176.10	\$200.46	\$220.09	\$345.49
66	\$77.42	\$124.31	\$197.88	\$225.09	\$247.07	\$385.62
67	\$86.88	\$139.65	\$222.22	\$252.79	\$277.27	\$430.39
68	\$96.76	\$155.65	\$247.98	\$282.13	\$309.30	\$478.71
69	\$107.76	\$173.58	\$276.72	\$314.78	\$345.03	\$532.41
70	\$120.05	\$193.54	\$308.74	\$351.27	\$384.91	\$592.20
71	\$133.71	\$215.80	\$344.50	\$391.99	\$429.41	\$658.71
72	\$149.02	\$240.59	\$384.30	\$437.41	\$479.04	\$732.56
73	\$163.26	\$264.20	\$422.73	\$481.41	\$527.27	\$804.67
74	\$178.92	\$290.16	\$464.90	\$529.79	\$580.42	\$883.72
75	\$196.05	\$318.63	\$511.28	\$583.07	\$638.85	\$970.75
76	\$214.90	\$349.92	\$562.36	\$641.63	\$703.19	\$1,066.30
77	\$235.46	\$384.26	\$618.48	\$706.07	\$774.03	\$1,171.19
78	\$265.96	\$435.78	\$703.34	\$804.16	\$882.52	\$1,333.88
79	\$300.34	\$494.20	\$799.80	\$915.82	\$1,006.21	\$1,519.06
80	\$339.22	\$560.45	\$909.54	\$1,043.01	\$1,147.22	\$1,730.01
81	\$383.13	\$635.58	\$1,034.33	\$1,187.89	\$1,307.96	\$1,970.29
82	\$432.68	\$720.80	\$1,176.19	\$1,352.85	\$1,491.25	\$2,243.85
83	\$471.75	\$789.86	\$1,293.46	\$1,490.85	\$1,645.39	\$2,453.16
84	\$514.31	\$865.51	\$1,422.46	\$1,642.91	\$1,815.47	\$2,681.97
85	\$560.71	\$948.37	\$1,564.28	\$1,810.54	\$2,003.09	\$2,932.07
86	\$611.37	\$1,039.22	\$1,720.22	\$1,995.22	\$2,210.21	\$3,205.57
87	\$666.52	\$1,138.73	\$1,891.73	\$2,198.76	\$2,455.46	\$3,669.36
88	\$726.72	\$1,247.80	\$2,080.35	\$2,423.02	\$2,728.11	\$4,200.27
89	\$792.33	\$1,367.28	\$2,287.77	\$2,670.23	\$3,030.92	\$4,807.98

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Select Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	1.84	2.90	3.67	4.20	4.76	9.49
30-39	5.12	8.14	10.36	11.94	13.39	26.58
40-49	15.00	23.96	30.19	34.63	38.58	74.37
50-59	44.09	70.29	88.63	101.17	111.75	198.72
60-64	80.78	129.46	163.45	186.18	204.83	351.60
65	114.26	183.31	231.67	263.73	289.55	488.82
66	128.24	205.87	260.32	296.13	325.04	545.63
67	143.89	231.29	292.37	332.57	364.78	608.97
68	160.26	257.81	326.24	371.16	406.90	677.33
69	178.49	287.50	364.05	414.15	453.92	753.30
70	198.83	320.54	406.16	462.13	506.40	837.91
71	221.45	357.40	453.21	515.68	564.93	932.00
72	246.84	398.48	505.60	575.48	630.24	1,036.51
73	270.41	437.57	556.13	633.35	693.69	1,138.52
74	296.35	480.57	611.63	697.00	763.61	1,250.38
75	324.71	527.74	672.64	767.09	840.49	1,373.51
76	355.92	579.56	739.83	844.13	925.12	1,508.70
77	389.98	636.44	813.66	928.92	1,018.32	1,657.12
78	440.50	721.75	925.32	1,057.96	1,161.06	1,887.31
79	497.45	818.53	1,052.22	1,204.86	1,323.77	2,149.31
80	561.82	928.26	1,196.59	1,372.20	1,509.28	2,447.77
81	634.57	1,052.69	1,360.77	1,562.80	1,720.77	2,787.75
82	716.62	1,193.84	1,547.39	1,779.83	1,961.90	3,174.80
83	781.34	1,308.21	1,701.69	1,961.36	2,164.68	3,470.97
84	851.81	1,433.49	1,871.40	2,161.43	2,388.44	3,794.70
85	928.67	1,570.74	2,057.97	2,381.95	2,635.29	4,148.57
86	1,012.57	1,721.22	2,263.13	2,624.91	2,907.77	4,535.55
87	1,103.93	1,886.01	2,488.78	2,892.69	3,230.41	5,191.76
88	1,203.62	2,066.68	2,736.93	3,187.74	3,589.12	5,942.93
89	1,312.30	2,264.58	3,009.77	3,512.95	3,987.50	6,802.78

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Standard Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

0 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	3.16	4.95	5.94	6.78	7.70	10.71
30-39	8.76	13.94	16.76	19.32	21.64	29.98
40-49	25.72	41.07	48.81	56.01	62.41	83.86
50-59	75.59	120.51	143.33	163.60	180.71	224.10
60-64	138.49	221.93	264.34	301.10	331.24	396.54
65	195.87	314.25	374.68	426.49	468.29	551.31
66	219.84	352.92	421.01	478.92	525.67	615.35
67	246.66	396.51	472.82	537.86	589.94	686.79
68	274.74	441.96	527.61	600.27	658.06	763.91
69	305.98	492.86	588.76	669.76	734.11	849.59
70	340.84	549.48	656.88	747.37	818.96	944.99
71	379.63	612.69	732.97	834.01	913.64	1,051.14
72	423.14	683.09	817.66	930.67	1,019.25	1,168.98
73	463.56	750.11	899.43	1,024.28	1,121.85	1,284.05
74	508.03	823.84	989.15	1,127.23	1,234.94	1,410.20
75	556.64	904.68	1,087.83	1,240.57	1,359.26	1,549.07
76	610.13	993.53	1,196.49	1,365.16	1,496.15	1,701.55
77	668.54	1,091.03	1,315.90	1,502.28	1,646.87	1,868.92
78	755.14	1,237.30	1,496.45	1,710.99	1,877.72	2,128.53
79	852.75	1,403.18	1,701.70	1,948.55	2,140.88	2,424.04
80	963.13	1,591.28	1,935.18	2,219.17	2,440.88	2,760.65
81	1,087.83	1,804.61	2,200.69	2,527.44	2,782.90	3,144.09
82	1,228.50	2,046.58	2,502.52	2,878.42	3,172.85	3,580.60
83	1,339.44	2,242.64	2,752.04	3,172.02	3,500.82	3,914.62
84	1,460.26	2,457.41	3,026.51	3,495.56	3,862.69	4,279.73
85	1,592.01	2,692.68	3,328.26	3,852.21	4,261.90	4,678.83
86	1,735.84	2,950.65	3,660.04	4,245.14	4,702.57	5,115.27
87	1,892.47	3,233.17	4,024.96	4,678.22	5,224.39	5,855.36
88	2,063.34	3,542.88	4,426.27	5,155.35	5,804.50	6,702.55
89	2,249.65	3,882.12	4,867.58	5,681.32	6,448.77	7,672.31

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

**Preferred Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit**

90 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$0.86	\$1.47	\$2.39	\$2.84	\$3.19	\$6.07
30-39	\$2.46	\$4.13	\$6.76	\$7.96	\$9.04	\$17.04
40-49	\$7.15	\$12.12	\$19.57	\$22.97	\$25.82	\$47.26
50-59	\$20.94	\$35.57	\$57.47	\$66.81	\$74.51	\$124.64
60-64	\$38.38	\$65.43	\$105.65	\$122.50	\$135.78	\$218.20
65	\$54.24	\$92.61	\$149.54	\$173.08	\$191.29	\$301.96
66	\$60.86	\$103.96	\$167.86	\$194.22	\$214.53	\$336.46
67	\$68.33	\$116.75	\$188.47	\$217.97	\$240.53	\$374.99
68	\$76.72	\$130.11	\$210.16	\$243.00	\$267.98	\$416.33
69	\$86.21	\$145.01	\$234.32	\$270.88	\$298.58	\$462.36
70	\$96.85	\$161.63	\$261.23	\$302.02	\$332.78	\$513.44
71	\$108.80	\$180.14	\$291.27	\$336.70	\$370.78	\$570.09
72	\$122.16	\$200.76	\$324.71	\$375.39	\$413.12	\$633.12
73	\$132.73	\$220.31	\$356.69	\$412.51	\$454.04	\$693.93
74	\$144.12	\$241.73	\$391.91	\$453.36	\$498.91	\$760.62
75	\$156.49	\$265.30	\$430.57	\$498.30	\$548.25	\$833.73
76	\$169.96	\$291.13	\$472.95	\$547.60	\$602.54	\$913.75
77	\$184.59	\$319.52	\$519.62	\$601.84	\$662.11	\$1,001.57
78	\$208.38	\$361.96	\$589.84	\$684.06	\$753.17	\$1,137.34
79	\$235.25	\$410.03	\$669.67	\$777.54	\$856.75	\$1,291.45
80	\$265.58	\$464.54	\$760.25	\$883.83	\$974.59	\$1,466.53
81	\$299.85	\$526.25	\$863.10	\$1,004.63	\$1,108.62	\$1,665.30
82	\$338.51	\$596.11	\$979.81	\$1,141.97	\$1,261.10	\$1,891.06
83	\$368.52	\$651.70	\$1,074.15	\$1,254.48	\$1,388.10	\$2,057.84
84	\$401.26	\$712.51	\$1,177.57	\$1,378.09	\$1,527.86	\$2,239.38
85	\$436.82	\$778.95	\$1,290.92	\$1,513.84	\$1,681.68	\$2,436.85
86	\$475.59	\$851.59	\$1,415.15	\$1,662.96	\$1,851.03	\$2,651.81
87	\$517.80	\$931.06	\$1,551.43	\$1,826.82	\$2,037.37	\$3,020.34
88	\$563.78	\$1,017.87	\$1,700.78	\$2,006.84	\$2,242.49	\$3,439.99
89	\$613.82	\$1,112.79	\$1,864.47	\$2,204.57	\$2,468.32	\$3,918.00

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Select Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

90 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	1.45	2.45	3.14	3.76	4.20	8.59
30-39	4.06	6.82	8.89	10.49	11.89	24.12
40-49	11.85	20.07	25.76	30.23	33.99	66.85
50-59	34.67	58.92	75.62	87.90	98.03	176.34
60-64	63.56	108.37	139.00	161.15	178.63	308.72
65	89.84	153.40	196.74	227.70	251.65	427.23
66	100.81	172.20	220.83	255.52	282.23	476.06
67	113.17	193.36	247.97	286.75	316.45	530.58
68	127.09	215.49	276.48	319.68	352.55	589.05
69	142.80	240.18	308.27	356.37	392.81	654.19
70	160.43	267.70	343.66	397.34	437.81	726.45
71	180.20	298.35	383.21	442.96	487.79	806.62
72	202.31	332.51	427.19	493.86	543.50	895.81
73	219.82	364.87	469.27	542.70	597.32	981.84
74	238.70	400.38	515.59	596.46	656.37	1,076.20
75	259.19	439.41	566.47	655.57	721.27	1,179.64
76	281.51	482.19	622.21	720.42	792.70	1,292.87
77	305.75	529.20	683.62	791.79	871.09	1,417.12
78	345.14	599.50	775.98	899.96	990.88	1,609.20
79	389.62	679.13	881.02	1,022.93	1,127.16	1,827.28
80	439.85	769.40	1,000.18	1,162.77	1,282.18	2,074.99
81	496.62	871.60	1,135.49	1,321.70	1,458.52	2,356.23
82	560.65	987.32	1,289.02	1,502.37	1,659.12	2,675.65
83	610.35	1,079.39	1,413.15	1,650.39	1,826.18	2,911.63
84	664.59	1,180.11	1,549.22	1,813.00	2,010.05	3,168.48
85	723.49	1,290.14	1,698.32	1,991.60	2,212.43	3,447.90
86	787.70	1,410.45	1,861.79	2,187.80	2,435.21	3,752.02
87	857.62	1,542.06	2,041.06	2,403.37	2,680.39	4,273.47
88	933.77	1,685.86	2,237.57	2,640.20	2,950.24	4,867.21
89	1,016.64	1,843.05	2,452.90	2,900.34	3,247.31	5,543.56

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

**Standard Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit**

90 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	2.48	4.19	5.07	6.06	6.78	9.68
30-39	6.97	11.70	14.36	16.95	19.24	27.20
40-49	20.31	34.40	41.64	48.88	54.94	75.40
50-59	59.44	101.00	122.26	142.15	158.53	198.88
60-64	108.97	185.78	224.79	260.64	288.87	348.20
65	154.00	262.97	318.17	368.24	406.98	481.85
66	172.82	295.20	357.15	413.23	456.44	536.91
67	194.01	331.47	401.00	463.75	511.76	598.40
68	217.86	369.42	447.14	517.02	570.17	664.35
69	244.79	411.75	498.54	576.34	635.28	737.81
70	275.01	458.91	555.80	642.59	708.05	819.30
71	308.91	511.45	619.73	716.39	788.90	909.71
72	346.82	570.01	690.87	798.69	878.97	1,010.30
73	376.85	625.49	758.91	877.67	966.03	1,107.34
74	409.19	686.37	833.86	964.62	1,061.50	1,213.75
75	444.32	753.28	916.11	1,060.21	1,166.47	1,330.41
76	482.57	826.62	1,006.26	1,165.10	1,281.99	1,458.13
77	524.14	907.20	1,105.59	1,280.50	1,408.75	1,598.26
78	591.65	1,027.71	1,254.98	1,455.46	1,602.49	1,814.89
79	667.93	1,164.22	1,424.83	1,654.34	1,822.89	2,060.83
80	754.04	1,318.98	1,617.54	1,880.50	2,073.59	2,340.22
81	851.34	1,494.17	1,836.38	2,137.52	2,358.77	2,657.40
82	961.11	1,692.55	2,084.68	2,429.71	2,683.19	3,017.63
83	1,046.30	1,850.36	2,285.43	2,669.10	2,953.40	3,283.80
84	1,139.30	2,023.03	2,505.46	2,932.10	3,250.77	3,573.48
85	1,240.27	2,211.67	2,746.63	3,220.94	3,578.05	3,888.60
86	1,350.34	2,417.90	3,010.97	3,538.23	3,938.36	4,231.61
87	1,470.20	2,643.53	3,300.91	3,886.85	4,334.83	4,819.69
88	1,600.73	2,890.04	3,618.70	4,269.87	4,771.26	5,489.33
89	1,742.81	3,159.52	3,966.97	4,690.57	5,251.74	6,252.13

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company

3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

**Preferred Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit**

120 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	\$0.86	\$1.44	\$2.31	\$2.78	\$3.11	\$5.85
30-39	\$2.39	\$4.03	\$6.54	\$7.77	\$8.74	\$16.52
40-49	\$7.00	\$11.73	\$18.91	\$22.23	\$24.99	\$45.72
50-59	\$20.42	\$34.39	\$55.33	\$64.48	\$71.88	\$120.87
60-64	\$38.29	\$63.22	\$101.68	\$118.05	\$130.81	\$209.73
65	\$53.09	\$89.48	\$143.78	\$166.64	\$184.19	\$289.90
66	\$59.47	\$100.44	\$161.39	\$186.98	\$206.43	\$322.90
67	\$66.54	\$112.80	\$181.18	\$209.78	\$231.31	\$359.69
68	\$74.12	\$125.65	\$201.92	\$233.81	\$257.66	\$399.28
69	\$82.47	\$140.06	\$225.09	\$260.58	\$287.07	\$443.19
70	\$91.85	\$156.03	\$250.91	\$290.40	\$319.71	\$492.01
71	\$102.27	\$173.86	\$279.67	\$323.71	\$356.17	\$546.16
72	\$113.83	\$193.75	\$311.76	\$360.77	\$396.67	\$606.29
73	\$124.69	\$212.52	\$342.37	\$396.34	\$435.76	\$664.13
74	\$136.55	\$233.15	\$376.01	\$435.43	\$478.61	\$727.57
75	\$149.58	\$255.80	\$412.94	\$478.32	\$525.68	\$796.98
76	\$163.80	\$280.68	\$453.44	\$525.42	\$577.44	\$873.10
77	\$179.39	\$307.95	\$497.99	\$577.29	\$634.26	\$956.45
78	\$202.50	\$348.73	\$565.02	\$655.84	\$720.99	\$1,085.30
79	\$228.57	\$394.91	\$641.16	\$745.03	\$819.66	\$1,231.48
80	\$257.98	\$447.22	\$727.46	\$846.39	\$931.79	\$1,397.32
81	\$291.19	\$506.45	\$825.46	\$961.57	\$1,059.27	\$1,585.44
82	\$328.66	\$573.51	\$936.66	\$1,092.38	\$1,204.14	\$1,798.96
83	\$357.61	\$626.59	\$1,025.91	\$1,199.06	\$1,323.98	\$1,973.14
84	\$389.17	\$684.58	\$1,123.68	\$1,316.15	\$1,455.74	\$2,164.19
85	\$423.53	\$747.92	\$1,230.82	\$1,444.69	\$1,600.67	\$2,373.73
86	\$460.84	\$817.13	\$1,348.14	\$1,585.76	\$1,759.97	\$2,603.54
87	\$501.52	\$892.72	\$1,476.63	\$1,740.61	\$1,935.15	\$2,855.60
88	\$545.76	\$975.37	\$1,617.38	\$1,910.60	\$2,127.71	\$3,132.18
89	\$593.89	\$1,065.63	\$1,771.54	\$2,097.20	\$2,339.52	\$3,435.40

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Select Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

120 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	1.45	2.37	3.05	3.64	4.09	8.27
30-39	3.96	6.67	8.60	10.22	11.49	23.38
40-49	11.61	19.44	24.87	29.22	32.89	64.69
50-59	33.83	56.96	72.78	84.84	94.56	171.01
60-64	63.44	104.72	133.77	155.31	172.09	296.75
65	87.92	148.20	189.15	219.23	242.32	410.18
66	98.50	166.38	212.34	246.01	271.59	456.86
67	110.21	186.83	238.37	276.00	304.30	508.93
68	122.77	208.11	265.66	307.59	338.98	564.93
69	136.60	231.97	296.13	342.82	377.67	627.06
70	152.11	258.43	330.11	382.05	420.61	696.15
71	169.38	287.95	367.93	425.88	468.57	772.77
72	188.53	320.89	410.16	474.64	521.87	857.82
73	206.51	351.98	450.42	521.42	573.29	939.67
74	226.16	386.14	494.69	572.85	629.68	1,029.44
75	247.74	423.67	543.27	629.29	691.58	1,127.66
76	271.30	464.88	596.54	691.26	759.70	1,235.33
77	297.13	510.04	655.17	759.47	834.44	1,353.29
78	335.39	577.58	743.34	862.84	948.54	1,535.60
79	378.59	654.06	843.51	980.17	1,078.33	1,742.41
80	427.28	740.69	957.03	1,113.52	1,225.87	1,977.05
81	482.26	838.80	1,085.98	1,265.05	1,393.57	2,243.24
82	544.33	949.87	1,232.27	1,437.13	1,584.17	2,545.35
83	592.28	1,037.79	1,349.68	1,577.49	1,741.82	2,791.78
84	644.58	1,133.86	1,478.32	1,731.53	1,915.17	3,062.10
85	701.48	1,238.73	1,619.28	1,900.64	2,105.84	3,358.58
86	763.27	1,353.38	1,773.62	2,086.22	2,315.43	3,683.72
87	830.66	1,478.58	1,942.67	2,289.95	2,545.89	4,040.38
88	903.91	1,615.45	2,127.82	2,513.61	2,799.22	4,431.69
89	983.64	1,764.96	2,330.65	2,759.08	3,077.87	4,860.72

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

Version 2009 - AR

Penn Treaty Network America Insurance Company
3440 Lehigh Street, Allentown, PA 18103

Long Term Care Policy Form LTCTP-6000

Standard Annual Premium Rates Per Individual- Area B
\$10 Daily Nursing Home Benefit

120 Day Elimination Period

Issue Age	Benefit Period					
	12	24	36	48	60	Lifetime
18-29	2.48	4.08	4.91	5.91	6.63	9.33
30-39	6.78	11.43	13.91	16.54	18.59	26.37
40-49	19.89	33.34	40.23	47.28	53.19	72.96
50-59	57.99	97.65	117.73	137.20	152.93	192.86
60-64	108.74	179.53	216.33	251.16	278.32	334.67
65	150.72	254.05	305.90	354.56	391.90	462.61
66	168.86	285.22	343.40	397.84	439.22	515.26
67	188.94	320.27	385.50	446.34	492.14	573.98
68	210.46	356.77	429.62	497.47	548.22	637.15
69	234.16	397.65	478.92	554.43	610.78	707.21
70	260.76	443.03	533.86	617.87	680.24	785.13
71	290.36	493.62	595.05	688.73	757.81	871.54
72	323.20	550.09	663.32	767.60	843.99	967.47
73	354.03	603.39	728.43	843.27	927.16	1,059.79
74	387.71	661.95	800.02	926.44	1,018.34	1,161.02
75	424.70	726.30	878.59	1,017.69	1,118.46	1,271.78
76	465.09	796.94	964.77	1,117.93	1,228.61	1,393.24
77	509.36	874.36	1,059.56	1,228.27	1,349.50	1,526.25
78	574.97	990.14	1,202.17	1,395.41	1,534.02	1,731.87
79	649.00	1,121.24	1,364.17	1,585.19	1,743.95	1,965.12
80	732.47	1,269.76	1,547.77	1,800.83	1,982.53	2,229.76
81	826.73	1,437.93	1,756.30	2,045.89	2,253.77	2,529.95
82	933.15	1,628.36	1,992.90	2,324.21	2,562.00	2,870.68
83	1,015.33	1,779.08	2,182.79	2,551.18	2,816.96	3,148.62
84	1,104.98	1,943.75	2,390.81	2,800.31	3,097.30	3,453.50
85	1,202.55	2,123.54	2,618.77	3,073.79	3,405.68	3,787.86
86	1,308.47	2,320.06	2,868.40	3,373.95	3,744.62	4,154.58
87	1,423.99	2,534.72	3,141.76	3,703.43	4,117.35	4,556.80
88	1,549.57	2,769.34	3,441.23	4,065.12	4,527.04	4,998.15
89	1,686.23	3,025.64	3,769.23	4,462.12	4,977.69	5,482.02

If both spouses are written Coverage at the same time,
multiply both spouse's premium by .90.

Modal Factors

Annual = 1.000

Semi-Annual = 0.520

Quarterly = 0.265

Monthly = 0.090

Automatic Monthly = 0.085

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